

COUNTY OF LEE

APPLICATION FOR EMPLOYMENT



PLEASE READ CAREFULLY.....

All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is IMPORTANT that you fully answer all questions on your application accurately. Give complete information on your education and work history. (DO NOT WRITE "SEE RESUME" UNDER EDUCATION OR WORK HISTORY.)

If an item does not apply to you, or if there is no information to be given, please write letters "N.A." for Not Applicable.

This record will be strictly confidential and the exclusive property of the County of Lee, North Carolina. We are an Equal Opportunity Employer.

DATE: _____

POSITION(S) APPLIED FOR: 1. _____

2. _____ ***3.*** _____

NAME: _____
(Last) (First) (MI)

**LEE COUNTY HUMAN RESOURCES
(919) 718-4615
(919) 718-4631 (Fax)
P.O. Box 1968 – 106 Hillcrest Drive
Sanford, North Carolina 27331**

PERSONAL DATA

PART I:

1. Name: _____
(Last) (First) (Middle Initial)

2. Phone Number: Home: () _____ Office/Cell: () _____

3. Last Four Digits of SS #: _____

4. Address of Residence: _____
(Number and Street or Route)

(City) (County) (State) (Zip Code)

5. Email Address: _____

EDUCATION AND TRAINING

PART II:

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED COLLEGE 1 2 3 4 GRADUATE SCHOOL 1 2 3 4

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED		GRADUATE (Y/N)	S/Q HOURS	MAJOR OR MINOR FIELD OF STUDY	TYPE OF DIPLOMA / DEGREE
		From Mo. Yr.	To Mo. Yr.				
HIGH SCHOOL							
COLLEGE OR UNIVERSITY							
TECHNICAL INSTITUTIONS OR SCHOOLS							
OTHER BUSINESS TRADE, MILITARY, ETC.							

Special qualifications and skills (licenses, skills with machines, publications, public speaking, memberships in professional associations).

SKILLS: Check the following skills, experience, etc., which you have:

☐ Drivers license

Number & State

☐ CDL

Number & State

☐ Typing (Specify WPM) _____

☐ Foreign language _____

☐ Other _____

☐ Car for use at work

☐ Adding machine/calculator

☐ Word Processing Skills

☐ Computer Skills

☐ Legal transcription

☐ Medical transcription

☐ Sign language

☐ Braille skills

WORK HISTORY PART III:

In the space provided below give your employment history, beginning with your PRESENT or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. Details on any period of unemployment must be included. If additional space is required, please attach additional sheets using the same format.

Current or Last Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						
Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						
Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						
Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						

MILITARY SERVICE PART IV:

1. Males subject to Military Selective Service registration must certify compliance to be eligible for County Employment (G.S. 143b-421.1). If subject to Military Service registration, certify compliance by initialing dotted line.....
2. Have you ever served in the U.S. Armed Forces? _____ YES _____ NO
3. Are you a member of the Military Reserves? _____ YES _____ NO
4. Branch of Service _____ 5. Active Duty From _____ To _____ 6. Rank upon separation/discharge _____
7. Type of Separation/discharge _____

PART V:

	YES	NO
1. Have you ever submitted an application with the County of Lee?		
2. Have you ever been employed by the County of Lee? Give dates, department and your name (if different at that time) in answer section below.		
3. Are you related by blood or marriage to any person now employed by the County of Lee? If "yes," give name, relationship, and department where employed in the answer section below.		
4. Have you ever been dismissed or forced to resign from any position? Give complete details in the answer section below.		
5. Have you ever been convicted of an offense against the law or are you now under charges for any offenses against the law? If your answer is "yes", explain below. NOTE: A conviction does not automatically mean that you cannot be considered for employment with the County.		
6. If requested and as required for employment, I agree to submit to testing for substance abuse.		
7. Check type of work you will accept: <div style="display: flex; justify-content: space-around; align-items: center;"> ___ Full-Time ___ Part-Time ___ Temporary ___ Any of the proceeding </div>		

Space for above detailed answers. Indicate item number to which answers apply.

ITEM NO.	DETAILS

PART VI:

List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. DO NOT repeat names of supervisors listed under Part III, WORK HISTORY.

NAME	ADDRESS AND PHONE NUMBER	BUSINESS OR OCCUPATION

PART VII:

DECLARATION OF APPLICANT:

I certify that I have given true and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or failure to disclose relevant information, may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1).

Signature of Applicant (unsigned applications will not be processed)

Date

Continuation Sheet - Application for Employment

County of Lee	Last 4 Digits of Social Security Number	Last Name
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Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mon/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mon/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						

Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mon/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mon/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						

Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mon/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mon/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						

I certify that I have given true and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or failure to disclose relevant information, may be grounds for rejections of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1).

Signature of Applicant (unsigned applications will not be processed)

Date

APPLICANT LOG

The County of Lee is an Equal Opportunity/Affirmative Action Employer. The federal Government requires us to collect and be able to produce data pertaining to each applicant's ethnic background, citizenship and sex, as well as any disability. Please complete the following Applicant Log Information. This information will be removed from the application and retained in Lee County Human Resources Department. The information included on the Applicant Log sheet will not be forwarded to any employment department. In keeping with the County's status as an Equal Opportunity/Affirmative Action Employer, this information will not be used in making any decision affecting employment or any personnel action following employment.

Today's Date	Name (As appears on Social Security Card)	Last 4 Digits of Social Security Number
Month / Day / Year	(Last) (First) (Middle)	_____

Ethnic Background	Citizenship	Physical or Mental Disability
<input type="checkbox"/> White (Not Hispanic) <small>(Origins in Europe, North Africa, the Middle East or the Indian subcontinent)</small>	<input type="checkbox"/> Resident Foreign National <small>(Alien who has been admitted for Permanent residence. Must have Alien Registration Card, Form 1-151)</small>	<input type="checkbox"/> Blind <input type="checkbox"/> Deaf
<input type="checkbox"/> Black (Not Hispanic) <small>(Origins in any of the black racial groups)</small>	<input type="checkbox"/> Non-Resident Foreign National <small>(Alien admitted temporarily for specific purposes and periods of time)</small>	<input type="checkbox"/> Communicative <input type="checkbox"/> Orthopedic
<input type="checkbox"/> American Indian or Alaskan Native <small>(Origins in the original peoples of North America)</small>	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Asian or Pacific Islanders <small>(Origins in the Far East, Southeast Asia, or the Pacific Islands)</small>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Referral Source <input type="checkbox"/> Newspaper <input type="checkbox"/> TV
<input type="checkbox"/> Hispanic <small>(Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race)</small>	Date of Birth Month / Date / Year _____	<input type="checkbox"/> Radio <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Personal Referral _____
		<input type="checkbox"/> Employment Security Commission

Positions Applying For:
1. _____
2. _____
3. _____

APPLICATION PROCESS

EQUAL OPPORTUNITY

It is the policy of the County to maintain a systematic, consistent recruitment program, to promote equal employment opportunities, and to identify and attract the most qualified applicants for employment with Lee County. Selection decisions are made without regard to race, color, religion, sex, national origin, political affiliation, non-disqualifying disability, age or status as a Vietnam-era or special disabled veteran in accordance with applicable federal laws.

EMPLOYMENT STANDARDS

The County selects an applicant based on his or her qualifications and the requirements and essential functions for a particular job.

The County employs only U.S. citizens or aliens who can provide proof of identity and work authorization within three (3) working days of employment.

YOUR APPLICATION

Applications should be typed or completed in black ink only.

Your application receives careful consideration. Work history, proven skills, and other relevant factors are evaluated thoroughly.

This document is our chief source of information for referring you to departments with job openings. Normally, interviews are arranged only after applications have been reviewed. It is not possible to interview all applicants. Therefore, it is necessary that you clearly and completely state your interests and qualifications on your application form. Please complete this form carefully and add any information you think may be helpful.

Please indicate the specific job or kinds of work you prefer so we may give you appropriate consideration. It is not possible to review each application in connection with all position openings.

If you forget to complete some part of the application or do not include requested information, your application may not be considered.

ACTIVE APPLICATIONS

Applications remain in active status for six months following the date of application and, thereafter, in an inactive status for a period of 18 additional months.